

Medical student research project 2011- 2013

Knowledge and attitude towards family planning among first
year students at the Faculty of Medicine at the University of
Buenos Aires, Argentina



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Abstract

Background

Historically, there has been a strong resistance against family planning, abortion and other women's rights in many Latin American countries. This is due to a combination of “...a strong Catholic presence, unstable governments and socially constructed gender norms that have proven to be closely guarded by both men and women (*machismo*)” (Guse, 2010). Argentina, though sporting the sixth highest proportion of elected female representatives in the house of government (2010), is no exception. The sale of birth control devices was actually forbidden in Argentina from 1974 until 1985, and it was not until 2003 that a law was approved assuring the public complete access to modern contraceptive methods. With the law of 2003, the government launched a national program for reproductive health, named *the National Health Program about Sexual Health and Responsible Procreation*. The program includes, amongst other things, the free distribution of various types of contraception through the national healthcare system.

The program, however, has not seen much success. A Human Rights Watch report published June 2005, identifies three main barriers facing women in Argentina seeking contraceptives. (Møllmann, 2005)

1. Domestic and sexual violence
 - According to a 1999 estimate, as much as 25 percent of women in Argentina suffered domestic violence on a regular basis. Domestic and sexual violence still constitute a persistent barrier for women trying to access contraceptives. (Møllmann, 2005)
2. Economical constraints
 - Although the National Health Program on Sexual Health and Responsible Procreation states that contraception should be supplied free of charge at public health clinics, the cost of transportation, taking time off work to go to the clinics and the cost of checkups related to the use of different contraceptives represents an economic burden many poor women can't handle.
3. Misleading, inaccurate or incomplete information.
 - Evidence in the HRW report indicated that “-doctors in the public health system actively discouraged them from using the contraceptives donated by the state, either by telling them that the contraceptive were not good quality, or by giving misinformation about some methods” (Guse, 2010)

The suboptimal effects of the 2002 law and the ongoing national program for reproductive health can in such terms be attributed in parts to negative attitudes, opposition and lack of knowledge from public health workers in Argentina.

Purpose

We wanted to investigate the knowledge of and attitudes toward family planning among first year students at the Faculty of Medicine at the University of Buenos Aires.

Method

We conducted an anonymous survey regarding sexual and reproductive health of 672 first year students from the Faculty of Medicine at the University of Buenos Aires. The data was plotted and processed in SPSS.

Results

A total of 21.8% of the students had poor communication with their families about sexual and reproductive health. Factors most determinant of student selection of contraceptives were recommendations from doctors and security of the contraceptive.

Sexual activity was confirmed by 82% of participants, with 90.2% of male and 78.8% of female participants being sexually active. Sexual debuts with a significant other were more common in females than in males, with 84% of females debuting with their boyfriends, as opposed to 46% of males debuting with their girlfriends. It was noteworthy that 10 % of male students debuted with a prostitute. This data shows that the debut was more casual for men than women. Another difference between male and female students is in numbers of sexual partners during the 12 months prior to the survey, where male students reported more sexual partners.

Only 22.3% of students knew that contraceptives were fully covered by social security. In the last 2 years, 87% of female students had visited a doctor for sexual and reproductive health, while only 12 % of male students had done the same. Of those who had been to the doctor, less than 20% went to a public consultation or a school clinic.

Almost half (48%) of students understood that emergency contraceptives were abortive, and 75% answered that emergency contraceptives must be taken within 24 hours of sexual intercourse. However, 85% of students stated that there were many contraindications in their understanding of emergency contraceptives.

When answering which method of contraceptives serve to prevent HIV and STIs, 94.5% correctly answered male condom and 62.9% female condom. It was noteworthy that 5% answered with diaphragms, and 4.2% with IUDs.

Conclusion

The survey analysis shows gaps in knowledge, information and practices about family planning. There are important differences in sexual practices between men and women, reflecting a traditional model of gender in which women have more responsibility when it comes to reproductive decisions. Female students are more informed than men regarding access to contraceptives and public health, however there is still a lack of information in both groups. This could indicate that contraceptive care is more dependent upon women than men.

There was a notable interest among survey participants in activities and promotion of sexual and reproductive health, which could indicate an insufficiency of this kind of program at the university.

Introduction

Preface – Choosing a topic

As a part of the medical education at the University of Oslo all students have to write an assignment on a medical topic. Several options from different fields of medicine were presented for the students. Professor in obstetrics and gynecology at Oslo University Hospital, Rikshospitalet, Babill Stray-Pedersen was one of the presenters with a cooperation project between the University of Oslo and University of Buenos Aires regarding the knowledge and attitude of the Argentinean medical students towards family planning and abortion law. We were inspired by the presentation and wanted to participate in this research in Argentina in June 2011.

We were four medical students from the University of Oslo that participated in the project. Because the investigation included many aspects of both family planning and abortion we chose to split the research area so that in our assignment we focus on family planning, while the other two students mainly focus upon abortion.

Problem statement

The absence of easy accessible contraceptives in term contributes to increased spreading of sexually transmitted infections (STI) and a high number of unwanted and unplanned pregnancies in Argentina.

It would be interesting to find out what the students at the Faculty of Medicine in Argentina, in other words the future health workers of the country, know and think about the current state when it comes to family planning. Therefore the aim of our assignment is to investigate the knowledge and attitude towards family planning among first year students at Faculty of Medicine at the University of Buenos Aires.

Background

About Argentina

Argentina is the second largest country in Latin America, located in the south between Chile and Uruguay. The country declared its independence from Spain in 1816. Following the independence and up to today there have been internal conflicts, military coups and dictatorships, but the country has been a democracy since 1983. Argentina is now a federal state with 23 provinces and one autonomous city and is currently led by President Cristina Fernandez de Kirchner (since 2007).



Argentina has a population of 41,8 millions, where 13 million live in the capital Buenos Aires. Argentina is an urbanized country with about 92% of the population living in urban areas. The population is diverse with a mix of people with indigenous background, people with roots from the slave trade and European immigrants, especially from Spain and Italy. The European immigrants have had a big influence on Argentinean culture. The Argentineans are mainly Roman Catholic (92%) but with only about 20% that practice their religion.

With its natural resources, agriculture and industry Argentina once was one of the world's richest countries. The country has been going through several economic crises, with the most serious one in 2001. Today the GDP (PPP) per capita is 14 700 dollars, 30% of the population lives below the poverty line and the unemployment rate is 7,9% (CIA, 2011).

Health care is provided through the public sector, a compulsory social security sector (Obra Social) and a private sector with prepaid insurance (I.a.R.B.o.C, 2001). The life expectancy at birth is 72 for males and 79 for females in Argentina. Under 5-mortality rate is 15 (per 1000 live births) and the maternal mortality rate is 70 (per 100 000 live births), that is higher than the regional average of 66 (WHO, 2009).

About the topic

Family planning is defined as to limit the size of families through prevention or spacing of pregnancies. (Dictionary.com, 1995)

Contraception is the prevention of conception by any of various drugs, devices or techniques (Dictionary.com, 1995).

Family planning worldwide

The world health organization (WHO) regards the promotion of family planning worldwide as being “*..essential to securing the well-being and autonomy of women, while supporting the health and development of communities*” (WHO, 2012, Fact sheet N°351).

Programs to promote family planning in developing countries began in the 1960s, motivated by the need for controlling the rapid global population growth. This was the leading trend until the 1990s, when focus shifted from the demographic-economic rationale to a broader agenda of women’s empowerment and rights. This shift of focus away from population growth control and sustainable development has in term led to reduced focus on, and financial support of, programs of family planning in developing countries. Now, some 20 years later, there is still a large unmet need for family planning programs in many developing counties, and the health benefits of the success of such programs has the potential to substantially reduce poverty and hunger, and prevent up to 32% of maternal deaths worldwide (Cleland, 2006).

The benefits of family planning programs are vast, implicating multiple parts of global health issues.

One of the main benefits are the prevention of pregnancy- related health risks in women. Approximately 80 million unintended pregnancies will occur in 2012, and 63 million of them amongst women with an unmet need for contraception (women who are sexually active but does not want to get pregnant). Meeting these needs has the potential to prevent an estimated 118,000 maternal deaths pr year (Singh, 2012). Another benefit is increased sustainability and reduction of poverty. Many of the worlds poorest countries are experiencing rapid population growth, inevitably increasing the number of poor and unemployed people, and adding to the strain on many developing countries scarce food resources. Furthermore, children from large families are less likely to recover from poverty and have a lower level of education than children from smaller families (Cleland, 2006).

Family planning can contribute to empowering women to take control of their reproductive health and by such giving them better opportunities in education, participation in public life and employment (WHO, 2012, Fact sheet N°351).

Family planning is in the largest part archived by the use of the different types of contraceptives. Worldwide, the use of contraceptives has increased in some regions since the 1990s, especially in Asia and Latin America, but other have seen slow progression. In the global perspective the use of modern contraceptives has only risen 3% on average from 1990 until 2012 (WHO, 2012, Fact sheet N°351). It is estimated that around 222 million women in the developing world would like to postpone or avoid a pregnancy (have an unmet need for contraception) but are currently not using

any type of contraception.

TABLE 1. Number of women aged 15–49 using modern contraceptive methods and proportion of married women aged 15–49 using modern methods and annual percent change, by region and subregion of the developing world and for the 69 poorest countries, 2008 and 2012.

Region and subregion	Among all women aged 15–49, number using modern methods (millions)			Among married women aged 15–49 % using modern methods		
	2008	2012	Annual % change	2008	2012	Annual % change
Developing world	603	645	1.7	56	57	0.4
Africa	46	51	2.7	23	24	0.2
Sub-Saharan Africa*	31	36	4.2	17	17	0.7
Eastern Africa	12	17	11.7	20	27	8.6
Middle Africa	2	2	1.9	7	7	0.7
Southern Africa	7	9	5.8	54	58	1.9
Western Africa	6	7	2.8	9	9	–0.3
Northern Africa	19	16	–3.9	55	45	–4.8
Asia	485	514	1.5	62	62	0.3
Eastern Asia	261	267	0.5	89	88	–0.2
Central Asia	6	6	–1.2	51	52	0.3
South Asia	153	163	1.8	45	46	0.3
Southeast Asia	51	64	6.6	50	56	2.8
Western Asia	13	14	1.0	34	34	0.2
Oceania	1	1	–7.3	45	30	–8.4
Latin America & the Caribbean	72	80	2.6	64	67	1.4
Caribbean	5	5	–1.3	56	56	0.1
Central America	17	17	1.2	60	64	1.7
South America	51	58	3.4	66	70	1.4
69 poorest countries†	229	252	2.6	39	40	0.7

*Sub-Saharan Africa includes Sudan and South Sudan, both of which are in the Northern Africa region. †An analysis for the London Summit on Family Planning, projecting the percentage of women using modern methods based on the linear rate of change between the two most recent surveys, estimated that 258 million women in the 69 poorest countries were using modern methods in 2012, six million more than the 252 million shown here, which is based on the most recent information available without projection.

Sources: 2008—Reference 11; 2012—reference 27.

(Singh, 2012).

Family planning in Latin America

There has been a shift towards increased pre-marital sexual activity in the Latin American countries. Research shows virginity prevalence declining in the age- groups 15-25 years in the region, accompanied by an increased use of contraception. (Kostrzewa, 2008) This increased use of contraception, however, has not been sufficient to combat the in vast increase in sexual activity amongst young people. This discrepancy leaves a large amount of young Latin Americans exposed to the risks associated with unsafe sex, such as sexually transmitted infections (STIs), and unintended pregnancies.

Unwanted pregnancies

In the Latin American region, many young unmarried women become pregnant as a result of sexual activity without the concomitant use of a safe contraceptive method. As much as 12 – 25% of adolescents who give birth are unmarried, and 35% of pregnancies in this group are unwanted 1(Kostrzewa, 2008). Furthermore, in a survey amongst young people from 2005, 75% of females and 63% of males in Latin America reported to have a close friend or family member who had become pregnant unintentionally, a number significantly higher than in other regions included in the same survey. (Morris, 2010)

Fertility rates

There are tremendous regional differences in the use of contraception in the Latin American countries. Both the prevalence of use, methods preferred and fertility rates vary across countries, but one that is true regardless of regional differences is that fertility rates in Latin America are reasonably low compared to developing countries in other parts of the globe. The dramatic decline in fertility rates from alarmingly high rates observed some 30-40 years ago, has occurred in spite of strong resistance in many countries in the region to the implementation of family planning programmes. Resistance has come, and still comes, from the Catholic Church and other religious constellations, being against all forms of contraception on principle, and social and political segments arguing that an expansion of the population is favourable. Nonetheless, the desire amongst the population to have smaller family sizes was so strong, that people sought different ways to keep the number of children born down. This not without negative consequences however, as unsafe interruption of pregnancies and inconsistent and faulty use of contraception methods is common. (Cavenaghi, 2009)

The population in Latin America is in general more Europe-oriented in their thinking on family and family planning issues compared to regions in Africa and Asia, and by so they have had an incentive to seek family planning alternatives despite public resistance.

There are, however, large inter-county differences in fertility between socio-economic groups, especially in the larger countries. While the most educated and wealthy part of the population are below the replacement levels, the less educated poorer still have rates from 4 – 6 children per woman. (Cavenaghi, 2009) The differences in rates vary with financial status, educational status and area of residence, the more rural areas having in general higher fertility rates than the urban.

Contraception

It is beyond doubt that the most prominent cause of the dramatic decline in fertility in Latin America is the high and increasing prevalence of contraception use. The level of contraceptive use in most of the countries is actually higher than countries in different continents with similar fertility rates. One could infer from this that the people living in the Latin American region have no problems controlling their fertility. This, however, would not show the whole truth about the use and availability of contraception in these countries. Large differences exist both in the prevalence of use, the percentage of the population using modern methods and the types of modern methods. (Appendix 1- Table contraceptives)

1. Prevalence. The fertility transition started in Latin America 40 years ago, and by the 1980's many of the countries in the region, like Brazil and Peru, were already sporting high percentages of contraception use. Other however, like Bolivia and Guatemala, still had prevalence in regions below 25%. These differences seem to prevail, though all the countries in the region now have higher prevalence. Today, Brazil has the highest prevalence of contraception use (81% 2006), whilst a country like Haiti the prevalence is much lower (30% 2006). The analysis of average prevalence of contraception use across the region thus has limited value.

2. Modern vs. Traditional methods. Traditional methods of contraception are for instance withdrawal and periodic abstinence. The use of traditional methods has been extensive in many Latin American countries, due to the desire in the public to reduce family size combined with the restrictions in access to modern methods. Traditional methods are, however regarded inferior to the methods now available. The introduction of - and increased availability of - modern methods in the later years would, one would think, leave the traditional methods redundant. In spite of this, many Latin Americans still use traditional methods as their mode of contraception. This is in large the poorer and less educated part of the population, living in the rural areas. In the countries where public and privately organized family planning programs are up and running, however, this pattern is less prominent, indicating that there is a desire to use modern methods also amongst the poor and less educated when such methods are made available to them.
3. Types of modern contraception methods. Differences are observed in the method of choice both between and within countries. Condom use is rare in the entire region, with only a few exceptions. This, together with low numbers of male sterilisations may be attributed to cultural stereotypes where contraception is the woman's responsibility.
Hormonal contraception is readily available "over the counter" in the region, so use is high in most areas. Some exceptions exist, however. In countries such as Brazil, where non-prescriptions, over-the-counter hormonal contraception has been available for some time, the negative effects of use of such methods without proper follow-ups by physicians (side-effects and decreased user-effectiveness) has led to increased use of female sterilization in the later years.
In most of the region, however, the distribution between hormonal contraception and female sterilization is more directly correlated to the presence of public programmes giving the poorer and less educated parts of the public access to hormonal contraception. In countries where such programmes are non-existent or non-functional, the use of female sterilization is, together with traditional methods, is high amongst these groups (Cavenaghi, 2009).

As mentioned, there are large inter-regional differences in contraception use in Latin America, making it difficult to summarize the region as a whole. In fact, the countries Argentina, Uruguay, Chile and Cuba differ to such an extent that they often are viewed separate from the rest of the region. In the next section we analyze Argentina, but one should bear in mind that much of the trends in Argentina are also valid in the other countries in this group.

Family planning in Argentina

Resistance against family planning

As mentioned in the introduction, family planning and contraception has historically not been high on the agenda in Argentina. In fact; *"...nationalistic interests combined with an orthodox Catholic discourse on "family values" have historically underpinned some of the most anti-contraception and pro-population-growth policies in the region"* (Møllmann, 2010)

The attitude of the political elite of Argentina has been one that they represent a frontier of European influence in the region, and they seek to increase this influence

by increasing the countries population. These ultra-nationalistic attitudes date back to the 1800s and continue to influence political life in Argentina, separating Argentina from the other countries in the region and explaining why it was the only country in 2001 to provide no direct support for access to contraception.

Adding to the political resistance is that of the Catholic Church. The Church represents the conservative stand, arguing that a woman's role is that of a mother and her place being in the family. In addition, the Catholic Church of Argentina (as well as many other areas of the world) pose a strong resistance to contraception modes they regard as being abortive. As abortion is illegal in Argentina, representatives of the Catholic Church and associated NGO's try to influence the public and the courts of Argentina to adopt the notion that several modern modes of contraception (including IUDs and oral contraceptives) are abortive and therefore unconstitutional. (Møllmann, 2010)

Unintended pregnancies

The prevalence of contraception use in contemporary Argentina continues to remain low, in spite of the fact that 2002 actually saw the passage of a law intending to insure the people of Argentina secure access to contraception. The low prevalence of use (and in part high prevalence of misuse) is responsible for many unintended pregnancies each year in Argentina. In a pilot study conducted at a maternity hospital in Cordoba, 65% of the pregnant women chosen randomly declared that the pregnancy was unintended (Palena, 2009).

Abortion

Argentina, as many other Latin American countries, has a very restrictive practice on abortion, only allowing a women to abort a pregnancy if her life / health is in grave danger or in the case of a mentally disabled women getting pregnant as a result of rape. Still an estimated 500 000 abortions are conducted each year, constituting 40% of all pregnancies. (Møllmann, 2010) Most of these abortions are illegal and unsafe, and complications after such procedures is a leading cause of maternal mortality in Argentina(Møllmann, 2010).

The law of 2002

In 2002, the legislators of Argentina passed a law intended to guarantee the population access to contraception. It was the last country in the region to sanction such a law. In the aftermath of passing the law, the government launched a campaign called *the National Health Program about Sexual Health and Responsible Procreation*. The campaign included distribution of free contraceptives to those who need it, especially the poorer parts of the public, a national information campaign informing people what services were now available in the public health sector, and laws obligating health workers to participate in the information on - and distribution of - contraception.

Use today

A national survey amongst adolescents aged 13 – 15 years of age from 2007 indicated that less than half of the ones that were sexually active were using contraception. (Linetzky, 2007) The overall prevalence of use amongst women in fertile age is just over 78% (2006), increased from 65,3% in 2001 (World Bank, 2012), but there are large regional differences both in prevalence and modes of contraception used. In the poorer and more rural areas, prevalence of use is estimated to be a lot lower than the

overall figures, and use misuse is more common, in large because of limited and unstable access to modern methods and unsatisfactory information to the users (Bianco, 2010). The regional differences have in fact increased since 2008 because of administrative difficulties within the Argentinian health ministry combined with lack of political support and sufficient funding (Møllmann, 2010).

Medical education in Argentina

In 1821 Argentina's first medical school was founded at the University of Buenos Aires. In 2006 Argentina had 29 medical schools, 10 public and 19 private universities. The medical education is a six- year program with three preclinical years, two clinical years and one year with internships (Centeno, 2006). In Argentina there are 3,2 physicians per 1000 inhabitants (Global Health Observatory, 2012).

Medical education and contraception

According to the study plan for medical students at the University of Buenos Aires the students will be taught about “ The basics about family planning. Theory and practices about natural contraceptives, hormonal IUD etc “(Facultad de Medicina, 2012). Other than that there is no more specific information on what the medical students will learn about the subject, and according to the students we cooperated with and our partners at the University of Buenos Aires, the information the students get largely depends on the specific professor teaching them.

A report made by Latin American Federation of Obstetrics and Gynecology Societies (FLASOG) in 2010 suggests that sexual and reproductive rights, which are parts of the human rights, gets a stronger position in the curricula of the medical education in the countries of Latin America (Gomez, 2010).

About the project

This assignment is a part of a cooperative project between the University of Oslo and University of Buenos Aires. The project arises from the initiative of the work of the interdisciplinary team of Centro de Capacitación en Programas de Salud (CEPAPS), which is a team consisting of professionals from Medicine, Public Health, Psychiatry, Political Science, Nutrition and Statistics. CEPAPS develop their activities through a volunteer program with students from all careers at the Faculty of Medicine.

Asociación Médica Argentina de Anticoncepción (A.M.A.D.A) and La Sociedad Argentina de Ginecología Infanto Juvenil, two organizations working with the subjects of the project, participate in the project by supporting activities of promotion and prevention in sexual health of the young university students.

Objectives

The general objective of the project is to promote policies by the Extensión Universitaria y Bienestar estudiantil based on scientific investigation for the development of healthy practices in the field of sexual and reproductive health.

The specific objectives are:

- * Identify and describe the knowledge, attitudes and practices regarding the sexuality of the first year students at the Faculty of Medicine.
- * Design and implement strategies of prevention and promotion in the field of sexual and reproductive health towards the young university students.
- * Cooperate with governmental and non-governmental organizations to strengthen the interdisciplinary and interinstitutional work in the field of sexual and reproductive health.
- * To create a mechanism to include students in medical science in activities of investigation.

The project is, as stated earlier, a cooperation project between the University of Oslo, University of Buenos Aires and various organizations working with reproductive and sexual health. The survey includes questions from different fields of reproductive and sexual health, but because the extent of the assignment had to be limited we could not include all the fields. The importance of family planning regarding use and knowledge about contraception, the laws regarding contraception, and the consequences of less contraception use with unwanted pregnancy in a country where abortion is not legalized made us think of family planning and therefore we chose to focus on abortion in this assignment. Do the medical students know if contraception is covered by public health? Do they know which types of contraception is available? Do the students think there is enough information about these issues? Do they know about the emergency pill? Our thesis for this assignment is:

What do the first year students at the Faculty of Medicine at University of Buenos Aires know about family planning?

Methods

Study area

Our fieldwork was performed June 2011 in the faculty of Medicine of the University of Buenos Aires. We spent two weeks in a health station, Centro de Salud of San Telmo and one public Hospital, Hospital de Rivadavia. Here we participated in consultations and examinations of patients with issues regarding sexual health; STIs, contraception's, pregnancies, sexual education etc. The next two weeks we did the survey among the students at the Faculty of Medicine at the University of Buenos Aires and plotted the data from the survey in SPSS.

Study design

Our goal was to make an epidemiological investigation regarding the knowledge, attitudes and sexual practice regarding sexual health. We used a cross sectional design, acquiring information needed through a survey of 67 questions:

- Knowledge and information: background information about the student participating, where they gained their knowledge and information on sexual health, knowledge about contraceptives, STIs, abortion law etc
- Practice and perceptions: the sexual practice of the student
- The health system; the students experience with the health system, especially when it comes to sexual and reproductive health
- Opinions and experiences; opinions and experiences regarding contraceptives, abortion, abortion law and sexual abuse.

The survey is attached in the appendix

Study population

The study population consists of first year students at the Faculty of Medicine at the University of Buenos Aires. At the moment of this study there were 29045 students coursing at the Faculty of Medicine, 55% in medical career and the remaining 45% in other careers. In 2010 4609 students stated their first year at the Faculty of Medicine, distributed as follow in the different specialities; Medicine 47%, Obstetrics 2,4%, Kinesiology 7%, "Fonoaudiology" or speech therapy 1%, Nursing 13 %, Nutrition 9 % and Bioimagine 9%.

Questions regarding the background of the students are included in the study and are presented with the results later in this assignment.

Inclusion and sample size

The students included in the study are the first year students at the Faculty of Medicine at the University of Buenos Aires. To get the sample size needed, given a margin of error of 0,05, number of students participating the number of students included was calculated out of this formula:

$$n \geq 1.96^2 \frac{\sum_h W_h S_h^2}{c^2}$$

Where

W= N/G

G= Size of career

N= Size of population= 3.737

C= Margin of error= 0,05

Z= 95% confidence interval= 1,96

S= expected deviation= 0,65

This concluded that for the study, 698 students was needed, chosen from all the different careers of the first year students at the Faculty of Medicine. The students were taken from different classes in a random selecting process creating the final sample. In this assignment we are investigating the knowledge and attitudes of students at the Faculty of Medicine and we include results from all the material.

Collecting the data

After calculating the number of study population needed and randomly selecting the number of students from different subjects, a table was made with information about time and location for the different classes that were selected. Together with several medical students from the faculty and the leaders of the project we visited the classes with the survey. It was given a short introduction by the leaders of the project. The survey was handed out to the students and they were given 20 minutes to fill it out.

Data analysis

The data from the survey was plotted by the team of Norwegian and Argentinean medical students. The information was processed and analyzed in SPSS 15 by the statistic department at the Faculty of Medicine at University of Buenos Aires.

Ethics

On the first page of the survey that was handed out there was a short description of the aim of the project. It was also explained that all the information requested in the survey would remain strictly confidential and anonymous, and would not be associated in any way with the particular person. The data would be protected and remain covered by statistical confidentiality as required by Article 10, Law 17.622. Regarding ethics this information was sufficient for University of Buenos Aires and no further ethical clearance was sought.

Results

Background information of the students from the survey

The number of students included in the study was originally 698 as explained in Methods. Unfortunately, when the results were ready it appeared that only results from **672** students had been included. Of these 480 (71.5%) were women and 192 (28.4%) men. Around 40% percent of the students were 19 or 20 years old, and 22.3% was 24 years or older.

The majority (90%) of the students were from Argentina while the remaining were from neighbouring South American countries. Most of the students were single (96%) while the remaining 4% were married or lived in cohabitation. 4.8% of students reported to have children, and of these 87.5% were women. The majority of students lived with their families (78.9%). 52% were full-time students, and 24.2 % worked part-time. 6.8% of students indicated that they worked full-time in addition to their studies. Although the survey was performed in a first year class, 6.7% of the students reported they were in the second year, and 1.2 % in the third year. See appendix II.

Information and knowledge

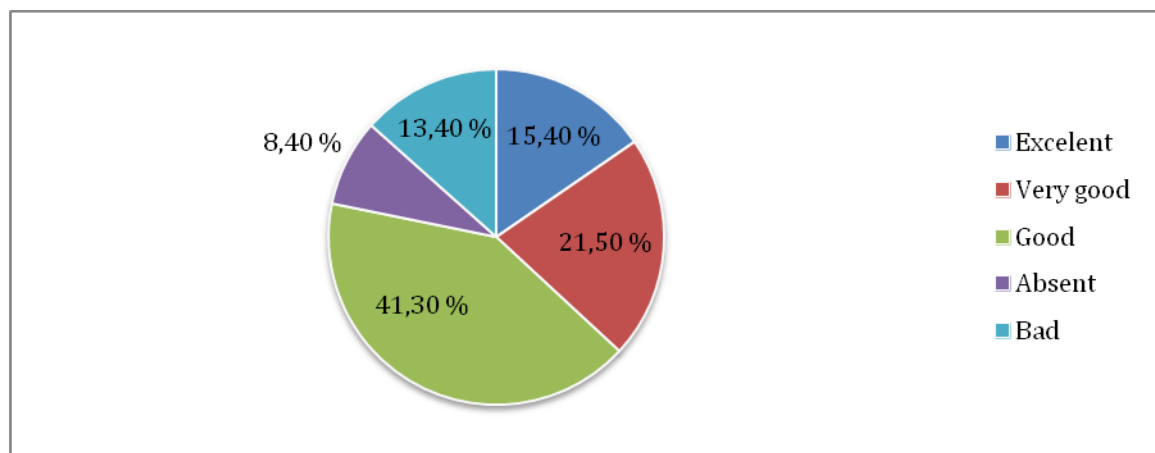


Figure 1: Student communication with their families about sexual issues

As we can see from (figure 1), 78.1 % thought that they had good, very good or excellent communication with their families, and 21.8% responded that they didn't have the opportunity to approach these issues in a positive way with their nuclear family.

When students were asked about access to information and the most useful sources of information regarding sexual topics and contraceptive methods, the students answered their mother, their teacher and their friends, respectively.

Most of the students considered the quality of information regarding contraceptive methods as good, only 3% considered it of bad quality. Regarding the access of

contraceptive methods, only 22.3% knew that it was 100% covered by the social services.

Most students had knowledge about the male condom, contraceptive pill, and IUDs. However, only 47% knew about sterilization, and 45.2% about using the menstrual cycle. Questions about emergency contraceptives revealed a lack of knowledge and information. Only 33% correctly answered questions regarding use of the pill, and regarding the way that it works, 48% answered that it was abortive. Lack of knowledge was further revealed when 65.6 % of the survey answered that the emergency pill prevents implantation and 44.3% answered that it stops pregnancy. 85% answered that emergency contraceptives “has many contraindications”, when in reality this medicine is considered by WHO as an eligibility criteria I (no risk and no medical contraindications) (Culwell, 2009). In the question regarding the use of the emergency pill, only 75% recognized the importance of taking the pill within 24 hours.

Regarding the questions about STIs and HIV the students showed good knowledge in some parts, but in others continual work is needed.

Possible route of infection	N° answered of total 672	Percentage of total respondents
Blood transfusion	594	88,40%
Unprotected sex	660	98,20%
Sharing personal items	99	14,70%
Mother to fetus	306	45,50%
Donating blood	273	40,60%
Unprotected oral sex	415	61,80%
Sharing needles	631	93,90%

Table 1: Knowledge among 672 students about different ways of spreading HIV

When answering which method of contraceptive serves to prevent HIV and STIs, 94.5% correctly answered male condom and 62.9% female condom. It was noteworthy that 5% answered diaphragm and 4.2% IUDs.

Sexual practice and sexual and reproductive healthcare

When the students answered the questions about sexual practice and thoughts about that issue, 82% reported being sexual active, with a difference in gender in which 90.2% of the male students and 78.8% of female students were sexually active. One of every four students had their sexual debut at 17 years old. Male students had their first sexual experience earlier than their female counterparts. See figure 2:

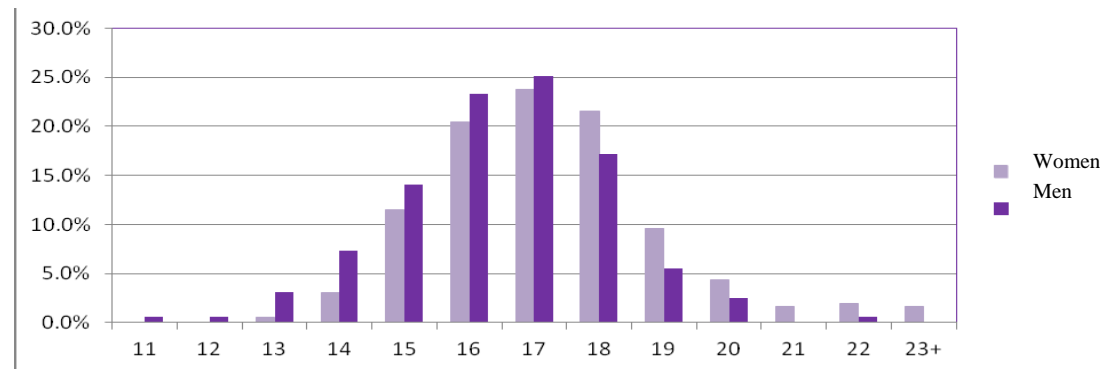


Figure 2: Sexual debut age of 672 medical students

Genders differed in their relations to their partners in sexual debut: 84% of female students reported that they had their first sexual experience with their boyfriend, 8% with a friend and 6.5% with a casual partner. In contrast, 46% of the male students had their first sexual experience with their girlfriend, 24.8% with a friend, 17% with a casual partner and 10% with a prostitute.

When the students were asked about contraception use, there were fewer differences between the sexes. 87% used condoms in their first sexual experience (86.9% of females and 89.2% of males) and 91% reported that they had taken precautions so they could prevent pregnancy (92.1% of females and 88.4% of males). In both groups the most used contraceptives were male condoms and the pill, respectively. In the group of those who didn't use contraceptives, the reasons were that firstly they weren't prepared as it was a sudden happening (3.3%), secondly that they weren't at risk at that time (2.1%), and thirdly that one or both were virgins. In differences between sexes the most significant was not having used contraceptives because they had sex with a person of the same sex (2.5 % of men and less than 1% of the female). More than half of the participants in the survey always used condom.

The number of sexual partners during the last 12 months differs between men and women, where male students have more partners than female students, as is shown in figure 3:

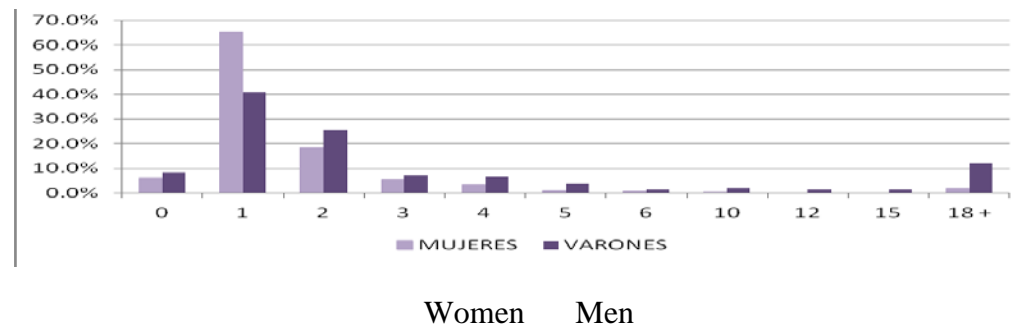


Figure 3: Number of sex partners during the last 12 months

When asked about who makes the decision about which contraceptive method to be used, 40% decided for themselves and 50.9% decided with their partner. The remaining 3.6% said that the decision was made by their partner, and 4.9% by their doctor.

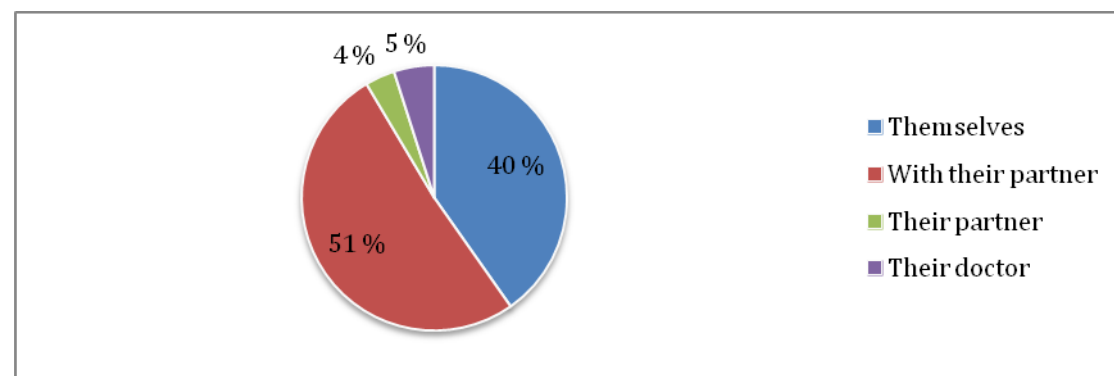


Figure 4: Decisions regarding contraceptive use among those who used contraceptives

There are several differences between male and female students. 33.4% of female students decided for themselves and 53.6 % of male students for themselves. During instances in which the partner decided, 57.7% were decided by the female partner and 36.3% by the male partner.

Among sexually active students, 87.2% reported the use of contraceptives, and 69.7% reported use of preservative (condom) in their last sexual relation.

The most commonly used contraceptive was the condom, chosen by 46.8% of female and 67% of male students. The second most used contraceptive was the pill, with 42.4% and 22.5%, respectively. Natural methods (4%) and coitus interruptus (3%) were selected similarly in both sexes.

The factors most determinant for both men and women in the selection of contraceptives were the opinion of the doctor and the reliability of the method. 62.2% of the all surveyed students reported obtaining the contraceptive in the pharmacy, 12% in a kiosk and only 2.6% through the public healthcare system.

42% of students had used the emergency pill, and within this group 46% had used it once, 14.6% 2 - 5 times, and only 2% had used it more than 5 times.

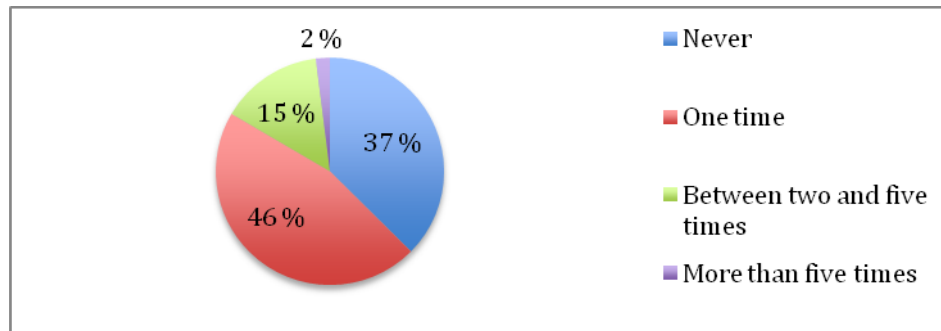


Figure 5: Emergency pill use of those who had taken the pill

Reasons for using emergency contraception were mainly due to problems in the use of contraceptives, or to the absence of a contraceptive method entirely. 28.5% of the total of participants didn't know how contraceptives worked.

In regard to sexual and reproductive health care, while 87% of women had visited a doctor during the 2 years prior to the survey, only 12% of the men had done it in the same period. More than half (60%) of students who had been to a doctor had private consultations through the public health system, and 22% went to a private hospital. Less than 20% went to a public consultation or a university clinic.

Approximately 1/3 of the students had taken a test for STIs without significant differences in gender. Of those who had taken the test, 63% had done it one time, 22% between 2 and 5 times, and 5% more than five times.

Discussion

We investigated the knowledge and attitude of 672 students at faculty of

Medicine. Since it was the first year students our results reflect the opinion of young adults before they had experienced any teaching in reproductive and sexual health.

Key issues

Communication

Only 1 out of 5 students replied that their communication with parents about sexual topics were bad or absent. This is consistent with statistics from other studies. Though the share of students who communicate badly with their parents about sexual topics is a mere 20 per cent, this may still represent a significant problem as alternative sources of information about such topics (i.e. sexual education in schools) are limited.

Knowledge about the law of 2002

Further, only 22,3% of the students in the survey were aware that contraception can be obtained free of charge from the public health system. The right to free access to contraception has been statutory since 2002, but now, some 10 years later, less than a quarter of the students in the survey had knowledge about this right. This has two major implications:

1. Viewing the sample in the survey as a part of the argentine public, it would indicate that the law of 2002 and the following campaign for promotion of sexual health has to a large extent failed in getting the message across that contraception is now supplied by the public health service. This assumption is not entirely valid, however, since the sample in this case is only representative of one specific part of the public, a part with some financial security whom are talking higher education, which is not, perhaps the main targets of the law or the campaign.
2. Considering the sample included in the survey in stead as a part of the future doctors and health workers of Argentina, the number is far more troubling. According to the law of 2002, health workers are obligated to supply anyone who wishes with the contraception of his or her choice free of charge. Two consecutive reports from human Rights Watch on the subject of contraception and abortion in Argentina (2005 and 2010) have pointed out several obstacles to the success of the 2002 law, one of which are the lack of – and misinformation from health workers. Some doctors and other health workers have been charging women either for the contraceptives themselves or examinations and follow-ups in association with contraceptive use (Møllmann, 2005) Furthermore, doctors interviewed have expressed “...they were better placed than the women they treat to make decisions about how the women should control their fertility” (Møllmann, 2010) Implicating that they are not following the national programme of

distributing the contraceptive according to the woman's wishes. The lack of compliance from health workers with the new programme is in part attributed to lack of knowledge on the subject, and parts due to outright opposition to the programme itself (Guse, 2010).

To summarise, the fact that a mere 22% of the first year students were aware of that contraception is now supposed to be available for free in the country, and considering that this is one of the most important parts of the much needed campaign launched by the government to promote reproductive health in 2003, would indicate the need for increased information about this in the education of health workers.

Modes of contraception

Less than half of the students (42,5%) in the survey had knowledge about "using the menstrual cycle" as a mode of contraception. Using the cycle method and other traditional methods still constitute a substantial proportion of contraception use in Argentina (13% in 2001), and patterns from other Latin American countries indicate this being most prevalent in rural areas amongst less educated people (Cavenaghi, 2009). Similar patterns, though reversed, exists for prevalence of condom use and over-the-counter purchase as the mode of acquiring contraception. The students in the survey indicated high condom use and almost 75% acquired their contraception through an over-the-counter purchase. This is consistent with the pattern, seen as our population are urban dwellers living in Buenos Aires and who are highly educated. It can constitute a problem, however, that the students have limited knowledge about the situation on the family planning issue outside their own social class. The problems of unmet needs for contraception, unwanted pregnancies and illegal and unsafe abortions is most prevalent in the lower socioeconomic classes of Argentina, (Petracci, 2005) and it is the people of these classes the future health workers need the knowledge and understanding to help access and properly use contraception. (Ciarmatori, 2012)

Emergency contraception

Nearly 50% of the participants replied that emergency contraception (EC) pill is abortive. This incorrect notion is widespread in Argentina, and so also amongst the health worker students included in our survey. The belief that EC is abortive largely comes from the catholic church and catholic NGOs advocating the view that EC is akin to a "chemical abortion", deliberately misleading the public not to differentiate between EC and Misoprosol and other similar substances. Abortion is illegal in Argentina, and the misunderstandings regarding EC creates confusion with regards to their legality and availability. (Pecheny, 2010) The public health system has not been able to counter these misinformation campaigns, and there is a need for a national campaign to eradicate these insecurities concerning the legality of EC. The fact that half of the healthcare students believe EC is abortive may constitute a problem in future situations where they will be in a position of informants on contraception, and one should hope that they through their education will be correctly informed about EC. Interestingly, 42% of the students replied to have used EC at least once. Whether these percentages coincide with the ones who replied that EC is not abortive, or overlap with the about 20% who replied that they want a more

liberal abortion policy, is not known. Furthermore, 85% of the students answered that emergency contraception has many contraindications. The belief that EC is "dangerous" probably arise from misinformation campaigns from catholic NGOs and conservative sectors spreading information that contraception is dangerous in use. In addition, public health officials also contribute to misinformation by "*....providing women with misleading, incomplete or inaccurate information about contraception*" (Møllmann, 2010) The problem of health officials giving sub-optimal information is helping to keep the myths and faulty assumptions about EC spread by the catholic NGOs and conservatives alive.

These figures together gives us the impression that young people at the start of an education that for many of them will lead to a position in the public health sector, lack knowledge about- , and have attitudes towards-, emergency contraception. This may, if not corrected through the educational process, contribute to continued misinformation and limited use of EC in Argentina.

Strength and weakness of the investigation

The survey was anonymous and calculated with a representative study population. The classes who were to receive the study were selected randomly, and as the students are distributed randomly to classes at the start of the semester we believe this gives a satisfactory randomizing of the participants.

We believe that these factors contributed to get a realistic image of the knowledge of the medical students at the University of Buenos Aires.

There are, however, a few clear weaknesses in the way the study was designed.

One weakening factor is that it was calculated that 698 students participated in the survey, but only 672 did participate. Therefore the results are not aplyable to the population of first year medical students with a margin of error of 0,05, and gives us a selection bias when applying the information to the population.

The classes were selected randomly. Still, one could argue that students studying together in the same class become a somewhat homogenous group by influencing each others opinions, and therefore the method of randomizing at class level and not at an individual level may not be satisfactory.

Another problem wich became obviours to us during the distribution of the questionaere was the anonymity of the answers. The students answering were sitting close together in a crowded auditorium, with little opportunity to hide their answers from others. This constitutes a problem both bechause answers about attitudes an behaviour will be influenced by the oppinions of others, answering what is most "correct" instead of the truth, and also the possibility to seek korrekt answers by asking others on the knowledge questions.

It was a selection bias where almost 71.5% were female and only 28.4% male students. In Argentina, as in many other Latin American countries, gender patterns are conservative and contraception is in large a womans responsibility. It can therefore be inferred that the relative overrepresentation of female students in the survey may give falsely high rates of knowledge about such subjects.

Yet another problem was the amount of time given the students to complete the questionnaire. Many of the classes in which the questionnaire was distributed had only a limited time before the next lecture were supposed to start. This may have contributed to less accurate answers and also a lower actual respondent percent on the last part of the questionnaire than the first.

Another problem was when asked “When do you think it would be better to take the emergency contraceptive to be more effective, avoiding a pregnancy unintended? Just 75% recognized the importance of taking it within 24 hours. It's possible that this result was influenced because this medication is known as “the day after pill” leading to the interpretation to take the pill just after sexual intercourse without protection is not so important.

It was a problem with recall bias when the first group 92.8% of the female students assure they used contraceptives regularly and for the male students this percentage reached 86.2 %, but when they answered if they used contraceptives in the last sexual relation, 69 % of the female students and 82% of the male students used contraceptives. This would indicate that rates of regular contraceptive use is much lower than indicated by the answers from the survey.

The survey was made to cover several subjects and designed to identify both attitudes and knowledge. This resulted in a very extensive questionnaire, which could have led to exhaustion of the students answering it.

Another potential problem is the question wording in the questionnaire. Questions may have been asked in such a way that the person answering was led to answer in a certain way, influenced by what he/she believes the questionnaire “wants” for an answer. This was further complicated by the lack of anonymity previously mentioned. Furthermore, the wording when it comes to attitudes may not have been able to identify the attitudes they were designed to identify.

When considering the applicability of the investigation, it must be taken into consideration that the students included in the study were not only medical students, but also students taking other health-related educations. This may be a selection bias. It is probably the medical students who are the most interesting group to investigate, because they are the ones who will in large be responsible for the distribution of contraceptives and for giving information to patient about such subjects. One could argue that the study is not as applicable to this group as one could hope, seeing as there are so many other groups involved and one has little information about the difference in answering patterns amongst these.

Another weakening factor was that the first year students wasn't compared with the sixth year student to actually see how much they learn on the study.

Since this study revealed a lack of knowledge among the students, it would be interesting to make a follow up investigation on the students after they have completed their studies. That would have made it interesting to see if they had the accurate good enough standard of learning about these issues.

Conclusion

In Argentina, contraceptives have been covered by public health since 2002. Unfortunately, there are too few who know about this law - especially in lower income groups. Every year approximately 500,000 illegal abortions occur in the country (Møllmann, 2010). This contributes to a high maternal mortality rate especially among teenagers.

Today's medical students will soon be practicing doctors, and will have the responsibility of guiding both men and women in regards to family planning and sexual health. It is therefore important for students learn enough about these issues that they can prevent more unwanted pregnancies and illegal abortions, especially in the lower income population. For this reason, the knowledge and attitudes that medical students possess are very important.

This study has investigated the knowledge and attitudes toward family planning among students in the Faculty of Medicine at the University of Buenos Aires. The results show that knowledge and attitudes varied: 21.8% of students didn't communicate well with their families about sexual and reproductive health, and stated that the factor most determinant of the selection of contraception was the doctor, and the reliability of the contraceptive method.

A total of 82% of students reported to be sexually active, with a difference in gender in which 90.2% of male students and 78.8% were sexually active. Female students had their first sexual debut more often with their boyfriend (84%) than male students who debuted 46% of the times with their girlfriend. A notable 10 % of male students debuted with a sex worker. This data shows that the debut is more casual for men than for women. Another difference between male and female students is in numbers of sexual partners during the 12 months prior to the survey, where male students reported having more sexual partners. There are important differences in sexual practice between women and men, which reflect traditional models of gender assigning responsibility to women when it comes to reproductive decisions.

Only 22.3% of students knew that contraceptives are 100% financially covered by the social security system. This suggests that knowledge about this relatively new law – regarding coverage of contraceptives – has not yet reached students who have recently graduated from high school. Considering that a students selection of contraception is most determined by a doctor (shown by this study), improving the quality of the medical study regarding family planning and sexual health is very important. It is noteworthy that it is the women who were most informed, indicating that the weight of contraceptive responsibility often depends on women (which is not surprising in a country where the notion of “machismo” still is a problem).

The majority (87%) of female students had visited a doctor for sexual and reproductive health care during the last 2 years, while only 12 % of the male students had done it in the same period. Of those who went to the doctor, less than 20% went to a public consultation or a school clinic.

There was a notable interest among survey participants in activities and promotion of sexual and reproductive health, which could indicate an insufficiency of this kind of program at the university.

The survey included only first year students, and therefore the results reflect the knowledge and attitudes of newly graduated high school students. It would be interesting to follow the students during their studies and to do a follow-up survey in their final year to investigate whether their knowledge increases, and to see if their opinions and attitudes change after 6 years in medical school. This will also be an opportunity for the University of Buenos Aires to evaluate and discuss their sexual and reproductive health education.

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Appendix I

Appendix I

Contraceptive methods

Modern methods

Method	Description	How it works	Effectiveness to prevent pregnancy	Comments
Combined oral contraceptives (COCs) or "the pill"	Contains two hormones (estrogen and progestogen)	Prevents the release of eggs from the ovaries (ovulation)	>99% with correct and consistent use 92% as commonly used	Reduces risk of endometrial and ovarian cancer; should not be taken while breastfeeding
Progestogen-only pills (POPs) or "the minipill"	Contains only progestogen hormone, not estrogen	Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation	99% with correct and consistent use 90–97% as commonly used	Can be used while breastfeeding; must be taken at the same time each day
Implants	Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only	Same mechanism as POPs	>99%	Health-care provider must insert and remove; can be used for 3–5 years depending on implant; irregular vaginal bleeding common but not harmful
Progestogen only injectables	Injected into the muscle every 2 or 3 months, depending on product	Same mechanism as POPs	>99% with correct and consistent use 97% as commonly used	Delayed return to fertility (1–4 months) after use; irregular vaginal bleeding common, but not harmful
Monthly injectables or combined injectable contraceptives (CIC)	Injected monthly into the muscle, contains estrogen and progestogen	Same mechanism as COCs	>99% with correct and consistent use 97% as commonly used	Irregular vaginal bleeding common, but not harmful
Intrauterine device (IUD): copper containing	Small flexible plastic device containing copper sleeves or wire that is inserted into the uterus	Copper component damages sperm and prevents it from meeting the egg	>99%	Longer and heavier periods during first months of use are common but not harmful; can also be used as emergency contraception

Intrauterine device (IUD) levonorgestrel	A T-shaped plastic device inserted into the uterus that steadily releases small amounts of levonorgestrel each day	Suppresses the growth of the lining of uterus (endometrium)	>99%	Reduces menstrual cramps and symptoms of endometriosis; amenorrhea (no menstrual bleeding) in a group of users
Male condoms	Sheaths or coverings that fit over a man's erect penis	Forms a barrier to prevent sperm and egg from meeting	98% with correct and consistent use 85% as commonly used	Also protects against sexually transmitted infections, including HIV
Female condoms	Sheaths, or linings, that fit loosely inside a woman's vagina, made of thin, transparent, soft plastic film	Forms a barrier to prevent sperm and egg from meeting	90% with correct and consistent use 79% as commonly used	Also protects against sexually transmitted infections, including HIV
Male sterilization (vasectomy)	Permanent contraception to block or cut the vas deferens tubes that carry sperm from the testicles	Keeps sperm out of ejaculated semen	>99% after 3 months semen evaluation 97–98% with no semen evaluation	3 months delay in taking effect while stored sperm is still present; does not affect male sexual performance; voluntary and informed choice is essential
Female sterilization (tubal ligation)	Permanent contraception to block or cut the fallopian tubes	Eggs are blocked from meeting sperm	>99%	Voluntary and informed choice is essential

Lactational amenorrhea method (LAM)	Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive breastfeeding day and night of an infant less than 6 months old	Prevents the release of eggs from the ovaries (ovulation)	99% with correct and consistent use 98% as commonly used	A temporary family planning method based on the natural effect of breastfeeding on fertility
Emergency contraception (levonorgestrel 1.5 mg)	Progestogen-only pills taken to prevent pregnancy up to 5 days after unprotected sex	Prevents ovulation	Reduces risk of pregnancy by 60–90%	Does not disrupt an already existing pregnancy

Traditional methods

Method	Description	How it works	Effectiveness to prevent pregnancy	Comments
Withdrawal (coitus interruptus)	Man withdraws his penis from his partner's vagina, and ejaculates outside the vagina, keeping semen away from her external genitalia	Tries to keep sperm out of the woman's body, preventing fertilization	96% with correct and consistent use 73% as commonly used	One of the least effective methods, because proper timing of withdrawal is often difficult to determine
Fertility awareness methods (natural family planning or periodic abstinence)	Calendar-based methods: monitoring fertile days in menstrual cycle; symptom-based methods: monitoring cervical mucus and body temperature	The couple prevents pregnancy by avoiding unprotected vaginal sex during most fertile days, usually by abstaining or by using condoms	95–97% with correct and consistent use 75% as commonly used	Can be used to identify fertile days by both women who want to become pregnant and women who want to avoid pregnancy. Correct, consistent use requires partner cooperation.

Appendix II

Table. Background information of 672 students at the Faculty of Medicine at University of Buenos Aires

Age	
	Percentage
19 years	17.2 %
20 years	22.9 %
21 years	18.8 %
Between 22 and 23 years	18.8 %
More than 24 years	22.3 %
Total	100 %

Gender and career

Career	N° of students from 1°	% students/ career	N° students respondents	% respondents/ career	Women	% total women	Men	% total men respondents/ career
Medicine	2503	67,3 %	454	67,5 %	296	65.2 %	158	34.8%
Obstetric	82	2,21%	16	2,38%	16	100 %	0	0%
Kinesiology	218	5,87%	41	6,10%	28	68.3 %	13	31.7%
Fonoaudiology	50	1,35%	9	1,34%	9	100 %	0	0%
Nursing	379	10,2 %	71	10,5 %	62	87.3 %	9	12.7%
Nutrición	270	7,27%	41	6,10%	36	87.8 %	5	12.2%
Radiology	213	5,73%	40	5,95%	34	85%	6	15%
Total	3715	100 %	672	100 %	481	71.6 %	191	28.4%

<i>Country of origin</i>	
	Percentage
Argentina	89.3 %
Peru	3.7 %
Bolivia	2.2 %
Brasil	1.8 %
Other	3.0 %
Total	100 %

<i>Civil status</i>	
	Percentage
Single	96 %
Civil partnership or married	4 %
Total	100 %

<i>Having children</i>	
	Percentage
Yes	4.8 %
No	95.2 %
Total	100 %

<i>You are currently living with...</i>	
	Percentage
Your family (parents, brothers, sisters, uncles, aunts, grandparents)	78.9 %
With friends, their couple, alone	21.1 %
Total	100 %

<i>Which of the following best describe your current working situation?</i>	
	Percentage
Full time employee	6.8 %
Part time employee	24.2 %
Full time students	52 %
Other	17 %
Total	100 %

Appendix III

The survey: Encuesta- Salud sexual y procreacion responsable en jovenes universitarios.

SEUBE

Secretaría de Extensión Universitaria y Bienestar Estudiantil



ENCUESTA

SALUD SEXUAL Y PROCREACIÓN
RESPONSABLE EN JÓVENES UNIVERSITARIOS

Estamos
RENOVANDO
la SEUBE !!
ACERCATE...

PROYECTO DE INVESTIGACIÓN

Acción en Salud Sexual y Procreación Responsable en
jóvenes universitarios de la Facultad de Medicina • UBA

La información obtenida a través de la siguiente encuesta servirá para promover políticas y estrategias de prevención y promoción de la salud de los estudiantes de la Facultad de Medicina.

Toda la información que se le solicita en este cuestionario es estrictamente confidencial y anónima, por lo cual no será asociada de ninguna manera a una persona particular. Los datos suministrados serán objeto de protección y quedarán amparados por el secreto estadístico, según establece el artículo 10 de la Ley 17.622.

La Secretaría de Extensión Universitaria y Bienestar Estudiantil de la Facultad de Medicina de la Universidad de Buenos Aires le agradece su valiosa colaboración en esta investigación.

Encuesta N°:

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PARTE A. Datos Personales

Las siguientes preguntas nos permitirán conocer mejor las características de quienes contestan la encuesta.

1. ¿Cuál es tu año de nacimiento?

2. ¿Cuál es tu sexo?

- ☐ Mujer
☐ Varón

3. ¿En que país naciste?

- ☐ Argentina
☐ Bolivia
☐ Brasil
☐ Chile
☐ Colombia
☐ Paraguay
☐ Perú
☐ Uruguay
☐ Otro (especificar) _____

4. ¿Cuál es tu estado civil actual?

- ☐ Soltero/a
☐ Unión civil
☐ Casado/a
☐ Separado/a
☐ Divorciado/a
☐ Viudo/a

5. ¿Tenés hijos/as?

- ☐ Si
☐ No

6. Actualmente vivís:

- ☐ Con tu familia parental (padres, hermanos, tíos, abuelos)
☐ Solo/a
☐ Con amigos/as
☐ Con tu pareja
☐ Con tu pareja e hijos
☐ otros: _____

7. ¿Qué carrera estás cursando actualmente?

- ☐ Medicina
☐ Enfermería Universitaria
☐ Lic. en Obstetricia
☐ Lic. en Fonoaudiología
☐ Lic. en Kinesiología y Fisiatría
☐ Téc. Radiólogo universitario
☐ Lic. en Nutrición

8. ¿Qué año de la carrera estás cursando? (o de qué año estás cursando materias mayoritariamente?)

- ☐ Primero
☐ Segundo
☐ Tercero
☐ Cuarto
☐ Quinto
☐ Sexto
☐ Internado anual rotatorio

9. ¿Cuál es el máximo nivel de estudios de enseñanza general y/o formación profesional que han terminado tu padre y tu madre?

	Padre	Madre
Analfabeto.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios primarios incompletos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios primarios completos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios secundarios incompletos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios secundarios completos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios terciarios incompletos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios terciarios completos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios universitarios incompletos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios universitarios completos.	<input type="checkbox"/>	<input type="checkbox"/>
No sabe el nivel de estudios de su padre o de su madre.	<input type="checkbox"/>	<input type="checkbox"/>

10. ¿Cuál de las siguientes categorías describe mejor tu situación laboral?

- ☐ Empleado/a a tiempo completo
- ☐ Empleado/a a tiempo parcial
- ☐ Trabajador/a independiente
- ☐ Buscando trabajo
- ☐ No trabajo
- ☐ Otro: _____

PARTE B. (Información y conocimientos)

Las preguntas de esta sección se refieren a la información y creencias respecto de temas sexuales, métodos anticonceptivos y legislación vigente en la Argentina.

Recuerda que la información que se solicita es confidencial y anónima y no puede relacionarse con una persona concreta. Si hay alguna pregunta que te resulta incómoda, no estás obligado/a a responder. Igualmente, te pedimos que no abandones el resto del cuestionario.

11. ¿Cómo fue la comunicación con tus padres acerca de temas sexuales?

- ☐ Excelente
- ☐ Muy Buena
- ☐ Buena
- ☐ Mala
- ☐ No tuve comunicación alguna

12. Si hubieras podido elegir ¿de qué fuentes de información (persona o medio) habrías preferido aprender acerca de temas sexuales? (MARCAR COMO MAXIMO 3 RESPUESTAS)

- ☐ Madre
- ☐ Padre
- ☐ Madre y padre
- ☐ Hermanos/as
- ☐ Cónyuge/pareja

- ☐ Otro familiar/es
- ☐ Docentes de la escuela secundaria
- ☐ Docentes de la universidad
- ☐ Amigos/as de la misma edad
- ☐ Amigos/as más grandes
- ☐ Médico/a, enfermero/a u otro personal sanitario
- ☐ Medios gráficos (libros, diarios, revistas)
- ☐ Medios audiovisuales (radio, televisión)
- ☐ Internet

13. En la práctica ¿cuáles fueron las fuentes de información sobre temas sexuales más útiles para vos? (MARCAR COMO MAXIMO 3 RESPUESTAS)

- ☐ Madre
- ☐ Padre
- ☐ Madre y padre
- ☐ Hermanos/as
- ☐ Cónyuge/pareja
- ☐ Otro familiar/es
- ☐ Docentes de la escuela secundaria
- ☐ Docentes de la universidad
- ☐ Amigos/as de la misma edad
- ☐ Amigos/as más grandes
- ☐ Médico/a, enfermero/a u otro personal sanitario
- ☐ Medios gráficos (libros, diarios, revistas)
- ☐ Medios audiovisuales (radio, televisión)
- ☐ Internet
- ☐ Ninguna de las anteriores

Conocimientos sobre métodos anticonceptivos

14. De las siguientes fuentes de información sobre métodos anticonceptivos, ¿cuáles fueron las más útiles para vos? (MARCAR COMO MAXIMO 3 RESPUESTAS)

- ☐ Madre
- ☐ Padre

- ☐ Madre y padre
- ☐ Hermanos/as
- ☐ Cónyuge/pareja
- ☐ Otro familiar/es
- ☐ Docentes de la escuela secundaria
- ☐ Docentes de la universidad
- ☐ Amigos/as de la misma edad
- ☐ Amigos/as más grandes
- ☐ Médico/a, enfermero/a u otro personal sanitario
- ☐ Medios gráficos (libros, diarios, revistas)
- ☐ Medios audiovisuales (radio, televisión)
- ☐ Internet
- ☐ Ninguna de las anteriores

15. ¿Crees que la información de la que disponés actualmente sobre métodos anticonceptivos es:

- ☐ Excelente
- ☐ Muy Buena
- ☐ Buena
- ☐ Mala
- ☐ No tengo información

16. ¿Qué métodos para evitar el embarazo o anticonceptivos conocés? [MARCAR TODO LO QUE CORRESPONDA]

- ☐ Métodos Naturales (control de la temperatura, el ritmo menstrual, el flujo)
- ☐ Método del retiro o coito interrumpido
- ☐ Dispositivo Intrauterino (DIU)
- ☐ Implante
- ☐ Parche
- ☐ Anillos vaginales
- ☐ Pastillas para la lactancia
- ☐ Mantener relaciones sexuales durante la menstruación
- ☐ Pastillas anticonceptivas

- ☐ Anticoncepción de emergencia o pastilla del día después
- ☐ Inyecciones hormonales
- ☐ Evitar el orgasmo femenino
- ☐ Óvulos espermicidas
- ☐ Preservativo masculino
- ☐ Preservativo femenino
- ☐ Que la mujer orine luego de la relación sexual
- ☐ Que el hombre orine luego de la relación sexual
- ☐ Que la mujer tome té de yuyos luego de la relación sexual
- ☐ Diafragma
- ☐ Ligadura tubaria
- ☐ Vasectomía
- ☐ No conozco ninguno
- ☐ Otros: _____

En caso de que hayas contestado que conocés la anticoncepción de emergencia o pastilla del día después, responde las preguntas 17, 18 y 19. Si respondiste que no la conocés, pasa directamente a la pregunta 20.

17. De las siguientes frases respecto de la anticoncepción de emergencia, indicá si estás de acuerdo o en desacuerdo.

1- De acuerdo.

2- En desacuerdo.

	(1)	(2)
Pueden tomarse entre 3 y 5 pastillas de anticoncepción de emergencia por año.	<input type="checkbox"/>	<input type="checkbox"/>
Debe tomarse después de una relación sexual sin protección para evitar el embarazo.	<input type="checkbox"/>	<input type="checkbox"/>
Es igual de efectiva que otros métodos que se usan antes de la relación sexual (ejemplo: pastillas, inyectables, DIU).	<input type="checkbox"/>	<input type="checkbox"/>

	(1)	(2)
Al tomarla, brinda protección por todo ese ciclo menstrual (es decir no existe riesgo de embarazo hasta la siguiente menstruación).	<input type="checkbox"/>	<input type="checkbox"/>
Tiene muchas contraindicaciones.	<input type="checkbox"/>	<input type="checkbox"/>
Es de venta libre en las farmacias.	<input type="checkbox"/>	<input type="checkbox"/>
Es un método abortivo.	<input type="checkbox"/>	<input type="checkbox"/>
Si bien es de venta bajo receta, puede adquirirse sin la misma.	<input type="checkbox"/>	<input type="checkbox"/>
Puede conseguirse de manera gratuita en hospitales y centros de salud.	<input type="checkbox"/>	<input type="checkbox"/>
Debe ofrecerse a toda mujer que fue víctima de una violación.	<input type="checkbox"/>	<input type="checkbox"/>

18. ¿Cuándo te parece que sería mejor tomar la anticoncepción de emergencia para que sea más efectiva, evitando un embarazo no buscado? Marcar UNA SOLA OPCION.

- ☐ En algún momento dentro de los 5 días posteriores a la relación sexual de riesgo, ya que luego su efectividad va disminuyendo.
- ☐ En algún momento dentro de los 3 días posteriores a la relación sexual de riesgo, ya que luego su efectividad va disminuyendo.
- ☐ En algún momento dentro de las 12 Hs posteriores a la relación sexual de riesgo, ya que luego su efectividad va disminuyendo.
- ☐ En algún momento dentro de la semana posterior a la relación sexual de riesgo, ya que luego su efectividad va disminuyendo.
- ☐ Al día siguiente de la relación sexual de riesgo.
- ☐ No sé.

19. Respecto al mecanismo de acción de la anticoncepción de emergencia, indicá si estás de acuerdo o en desacuerdo.

1- De acuerdo.

2- En desacuerdo.

	(1)	(2)
Impide que se una el óvulo con el espermatozoide.	<input type="checkbox"/>	<input type="checkbox"/>
Impide que se implante el huevo en el útero.	<input type="checkbox"/>	<input type="checkbox"/>
Detiene la progresión del embarazo si este se produjo.	<input type="checkbox"/>	<input type="checkbox"/>
Es abortiva.	<input type="checkbox"/>	<input type="checkbox"/>
Impide que los espermatozoides suban por el cuello y el útero.	<input type="checkbox"/>	<input type="checkbox"/>
Retrasa la ovulación.	<input type="checkbox"/>	<input type="checkbox"/>
Inhibe la ovulación durante ese ciclo.	<input type="checkbox"/>	<input type="checkbox"/>
Altera el moco cervical o flujo.	<input type="checkbox"/>	<input type="checkbox"/>
No sé cual es el mecanismo de acción.	<input type="checkbox"/>	<input type="checkbox"/>

20. Los hospitales y centros de salud del sistema público en la Argentina, ¿entregan métodos anticonceptivos de manera gratuita?

- ☐ Si
☐ No
☐ No sé

21. Las obras sociales y prepagas, ¿están obligadas a cubrir el costo de los métodos anticonceptivos?

- ☐ Si, están obligadas a hacer un descuento especial para la gente joven
☐ Si, están obligadas a cubrir una parte del costo
☐ Si, están obligadas a cubrir el 100%
☐ No, el descuento depende de la decisión de cada Obra Social o prepa
☐ No sé

22. En general, ¿Qué condiciones debería cumplir una persona para que un/a médico/a le prescriba anticonceptivos? (MARCAR TODO LO QUE CORRESPONDA)

- ☐ Ser mayor de edad (mayor de 18 años)
☐ Si es menor de edad, estar acompañado por un padre/madre o tutor/a
☐ Haber iniciado relaciones sexuales hace más de un año
☐ Tener DNI
☐ Ir con su pareja
☐ Haberse realizado un Test de Papanicolau en el último año
☐ Hacerse otros estudios como análisis de sangre, ecografías, etc
☐ Ninguna de las anteriores
☐ No sé

23. Si alguien quisiera acceder a la anticoncepción quirúrgica (ligadura de trompas en la mujer o vasectomía en el hombre) en la Argentina, ¿Qué condiciones debería cumplir? (MARCAR TODAS LAS OPCIONES QUE CORRESPONDAN)

- ☐ No conozco estos métodos anticonceptivos
☐ Tener más de 18 años
☐ Tener más de 21 años
☐ Estar casada/o
☐ Tener por lo menos un hijo
☐ Tener 3 o más hijos
☐ Indicación médica
☐ Que ambos miembros de la pareja firmen un consentimiento informado
☐ Que la persona que se realizará la práctica firme un consentimiento
☐ Nunca, no es legal en la Argentina bajo ninguna circunstancia
☐ Ninguna de las anteriores
☐ No sé

Conocimientos sobre VIH

24. De la siguiente lista, ¿De qué formas te parece que se puede contraer el VIH-SIDA. [MARCAR TODO LO QUE CORRESPONDA]

- ☐ Por un beso de boca
- ☐ Al recibir una transfusión de sangre
- ☐ Saludo de mano
- ☐ Por tener relaciones sexuales sin protección
- ☐ Compartir artículos personales
- ☐ Durante el embarazo
- ☐ Al donar sangre
- ☐ Compartir el mate
- ☐ Mantener sexo oral sin protección
- ☐ Compartir jeringas
- ☐ Compartir un cigarrillo
- ☐ Al usar un baño público
- ☐ Ninguna de las anteriores
- ☐ Otro: _____

25. Una infección de transmisión sexual es una infección que uno adquiere por tener relaciones sexuales con una persona que ya la padece ¿Cuál/es de los siguientes métodos te parece que sirve para protegerte de las Infecciones de Transmisión Sexual (ITS) y HIV? [MARCAR TODO LO QUE CORRESPONDA]

- ☐ Métodos Naturales (control de la temperatura, el ritmo menstrual, el flujo)
- ☐ Método del retiro o coito interrumpido
- ☐ Dispositivo Intrauterino (DIU)
- ☐ Mantener relaciones anales
- ☐ Implante, parches
- ☐ Anillos vaginales
- ☐ Pastillas hormonales
- ☐ Anticoncepción de emergencia o pastilla del día después
- ☐ Inyecciones hormonales
- ☐ Óvulos espermicidas

- ☐ Que el hombre no llegue al orgasmo evitando la eyaculación
- ☐ Preservativo masculino
- ☐ Preservativo femenino
- ☐ Diafragma
- ☐ Anticoncepción quirúrgica
- ☐ Mantener relaciones sexuales cuando la mujer no está menstruando
- ☐ Otro: _____

Conocimientos sobre la interrupción voluntaria del embarazo

26. En la Argentina, la interrupción voluntaria del embarazo:

- ☐ Es legal en todos los casos (pasar a PARTE C)
- ☐ En algunas situaciones no está penalizado (pasar a pregunta 27)
- ☐ Siempre está penalizado (pasar a PARTE C)
- ☐ No sé (pasar a PARTE C)

27. ¿Sabés en qué casos no estaría penalizado? [MARCAR TODAS LAS OPCIONES QUE CORRESPONDAN]

- ☐ Cuando el embarazo es producto de una violación
- ☐ Cuando el feto tiene malformaciones incompatibles con la vida extrauterina
- ☐ Cuando el feto tiene malformaciones de cualquier tipo
- ☐ Cuando la vida de la mujer embarazada corre riesgo si no se interrumpe el embarazo
- ☐ Cuando la continuación del embarazo representa un riesgo para la salud mental de la mujer

- | | |
|---|---|
| <input type="checkbox"/> Cuando la mujer embarazada tiene alguna enfermedad que pueda empeorar con el embarazo
<input type="checkbox"/> Cuando una mujer con retraso mental queda embarazada debido a una violación
<input type="checkbox"/> Cuando la mujer embarazada y su familia carecen de recursos económicos para criar a un hijo/a
<input type="checkbox"/> Si la mujer quedó embarazada porque falló el método anticonceptivo | <input type="checkbox"/> Si la mujer, por el motivo que sea, desea interrumpir el embarazo, sin importar la edad gestacional
<input type="checkbox"/> Si la mujer, por el motivo que sea, desea interrumpir el embarazo antes de la semana 12 de gestación
<input type="checkbox"/> Ninguna de las anteriores
<input type="checkbox"/> No sé |
|---|---|

PARTE C. (Prácticas y percepciones)

Esta sección contiene preguntas para conocer las prácticas sexuales y cuidados de las personas encuestadas.

Recuerda que la encuesta es anónima, y que si hay alguna pregunta que te resulta incómoda, no estas obligado/a a responder. Igualmente, te pedimos que no abandones el resto del cuestionario.

28. ¿Has iniciado relaciones sexuales?

- ☐ Si
☐ No (*pasar a PARTE D*)

Respecto a tu primera Relación Sexual

29. ¿A qué edad tuviste tu primera relación sexual?

30. ¿Con quién mantuviste tu primera relación sexual?

- ☐ Amigo/a
☐ Novio/a
☐ Esposo/a

- ☐ Trabajador/a sexual (prostituta/o)
☐ Pareja ocasional
☐ Otro: _____

31. ¿Usaron preservativo en esta primera relación sexual?

- ☐ Si
☐ No
☐ No recuerdo

32. ¿Tomaron precauciones para evitar el embarazo en esta primera relación sexual?

- ☐ Si
☐ No (*pasar a la pregunta 34*)
☐ No recuerdo (*pasar a la pregunta 35*)

33. ¿Cuál fue el método anticonceptivo que utilizaste en tu primera relación sexual? [MARCAR TODO LO QUE CORRESPONDA]

- ☐ Métodos Naturales (control de la temperatura, el ritmo menstrual, el flujo)
- ☐ Método del retiro o coito interrumpido
- ☐ Dispositivo Intrauterino (DIU)
- ☐ Implante
- ☐ Parche
- ☐ Anillos vaginales
- ☐ Pastillas para la lactancia
- ☐ Mantener relaciones sexuales durante la menstruación
- ☐ Pastillas anticonceptivas
- ☐ Anticoncepción de emergencia o pastilla del día después
- ☐ Inyecciones hormonales
- ☐ Evitar el orgasmo femenino
- ☐ Óvulos espermicidas
- ☐ Preservativo masculino
- ☐ Preservativo femenino
- ☐ Que la mujer orine luego de la relación sexual
- ☐ Que el hombre orine luego de la relación sexual
- ☐ Diafragma
- ☐ Que la mujer tome té de yuyos luego de la relación sexual
- ☐ Ligadura tubaria
- ☐ Vasectomía
- ☐ Otros: _____

Pasar a la pregunta 35.

34. ¿Cuál es el motivo por el que no utilizaron un método anticonceptivo? [MARCAR COMA MAXIMO TRES OPCIONES]

- ☐ No hizo falta, no hubo penetración vaginal
- ☐ No hizo falta, fue con alguien de tu mismo sexo
- ☐ No había riesgo ya que al menos uno de la pareja era virgen

- ☐ No había riesgo porque la mujer estaba con su período menstrual
- ☐ Fue algo repentino y no estaban preparados
- ☐ Tu pareja no los aceptaba
- ☐ Tu pareja te dijo que no había riesgo de embarazo la primera vez que mantenías relaciones sexuales
- ☐ Te preocupaban los efectos secundarios
- ☐ No podías pagarlo
- ☐ No tenías suficiente información sobre el tema
- ☐ Motivos religiosos
- ☐ No pensaron que era un riesgo en ese momento
- ☐ No sé
- ☐ Otro _____

Respecto a las relaciones sexuales a lo largo de tu vida

Recuerda que la encuesta es anónima, y que si hay alguna pregunta que te resulta incómoda, no estas obligado/a a responder. Igualmente, te pedimos que no abandones el resto del cuestionario.

35. A lo largo de tu vida, has tenido relaciones sexuales:

- ☐ Sólo con mujeres
- ☐ Más a menudo con mujeres, pero al menos en una ocasión también con un hombre
- ☐ Igual con hombres que con mujeres
- ☐ Más a menudo con hombres, pero al menos en una ocasión también con una mujer
- ☐ Sólo con hombres
- ☐ No contesta

36. ¿Cómo describirías tu identidad sexual?

- ☐ Heterosexual
- ☐ Homosexual
- ☐ Bisexual
- ☐ Travesti
- ☐ Transexual
- ☐ Otra _____
- ☐ No contesta

37. Número aproximado de parejas sexuales en los últimos 12 meses (si la respuesta es "0" también indicarlo)

38. ¿Con qué frecuencia utilizás preservativo, vos o la persona con la que mantenés relaciones sexuales?

- ☐ Siempre
- ☐ Casi siempre
- ☐ Algunas veces
- ☐ Casi nunca
- ☐ Nunca

39. ¿Usaste un preservativo en la última relación sexual, vos o la persona con la que mantuviste relaciones sexuales?

- ☐ Si
- ☐ No
- ☐ No recuerdo

40. ¿Utilizás actualmente -vos o la persona con la que mantenés relaciones sexuales- algún método para evitar el embarazo?

- ☐ Si (*pasar a la pregunta 42*)
- ☐ No

41. ¿Cuál es el motivo por el que no utilizás un método para evitar el embarazo? (MARCAR COMO MAXIMO 3 RESPUESTAS)

- ☐ No necesito, mantengo relaciones con personas del mismo sexo
- ☐ No necesito, no mantengo relaciones por vía vaginal
- ☐ Estoy buscando un embarazo
- ☐ Me diagnosticaron Infertilidad
- ☐ Estoy en postparto y amamantando
- ☐ Mi pareja sexual no lo acepta
- ☐ Me preocupan los efectos secundarios
- ☐ No puedo pagarlo
- ☐ No tengo suficiente información sobre el tema
- ☐ Motivos religiosos
- ☐ Me olvido de usarlo
- ☐ Los horarios de atención para conseguirlo son muy limitados y no puedo ir
- ☐ No estoy manteniendo relaciones sexuales actualmente
- ☐ No sé
- ☐ Otro _____

Pasar a la pregunta 47.

42. ¿Qué métodos anticonceptivos utilizás de manera regular? [MARCAR TODO LO QUE CORRESPONDA]

- ☐ Métodos Naturales (control de la temperatura, el ritmo menstrual, el flujo)
- ☐ Método del retiro o coito interrumpido
- ☐ Dispositivo Intrauterino (DIU)
- ☐ Implante
- ☐ Parche
- ☐ Anillos vaginales
- ☐ Pastillas para la lactancia
- ☐ Mantener relaciones sexuales durante la menstruación
- ☐ Pastillas anticonceptivas

- ☐ Anticoncepción de emergencia o pastilla del día después
- ☐ Inyecciones hormonales
- ☐ Evitar el orgasmo femenino
- ☐ Óvulos espermicidas
- ☐ Preservativo masculino
- ☐ Preservativo femenino
- ☐ Que la mujer orine luego de la relación sexual
- ☐ Que la mujer tome té de yuyos luego de la relación sexual
- ☐ Que el hombre orine luego de la relación sexual
- ☐ Diafragma
- ☐ Ligadura tubaria
- ☐ Vasectomía
- ☐ Otro _____
- ☐ No uso regularmente. **(Pasar a la preg. 47)**

43. ¿Quién decidió usar este método?

- ☐ Vos
- ☐ Tu médico
- ☐ Tu pareja sexual
- ☐ Lo decidieron juntos con tu pareja sexual
- ☐ Tus padres
- ☐ Otro _____

44. ¿Qué factores influyeron en la decisión de usar este método? [MARCAR HASTA 3 OPCIONES COMO MAXIMO]

Si sos mujer, elegir de la siguientes opciones según corresponda (MARCAR COMO MAXIMO 3 RESPUESTAS)

- ☐ La recomendación del médico o profesional de la salud
- ☐ La recomendación de amigas/os
- ☐ Es el más económico/barato

- ☐ Te lo dan gratis en el Centro de Salud
- ☐ Es el que resulta más adecuado a tus necesidades
- ☐ Es el que podés comprometerte a usar adecuadamente
- ☐ No requiere que estés pendiente todos los días del método
- ☐ Porque es el que más seguridad te da
- ☐ Porque no querés tomar hormonas
- ☐ Es el que eligió tu pareja sexual y respetás su decisión
- ☐ Protege de VIH e ITS
- ☐ Desconocés otras opciones
- ☐ No querés que tu pareja sexual se entere que lo usás
- ☐ No es algo que vos puedas decidir
- ☐ Otro _____

Si sos hombre, elegir de la siguientes opciones según corresponda (MARCAR COMO MAXIMO 3 RESPUESTAS)

- ☐ La recomendación del médico o profesional de la salud
- ☐ La recomendación de amigas/os
- ☐ Es el más económico/barato
- ☐ Te lo dan gratis en el Centro de Salud
- ☐ Es el que resulta más adecuado a tus necesidades
- ☐ Es el que eligieron conjuntamente con tu pareja sexual
- ☐ Porque es el que más seguridad te da
- ☐ Porque no querés que tu pareja sexual tome hormonas
- ☐ Es el que eligió tu pareja sexual y respetás su decisión
- ☐ Protege de VIH e ITS
- ☐ Desconocés otras opciones
- ☐ No es algo que vos puedas decidir
- ☐ Otro _____

45. ¿Dónde obtenés los métodos anticonceptivos? Elegir la opción más frecuente.

- ☐ En la farmacia, a través de la obra social o prepaga con un 100% de descuento
- ☐ En la farmacia, a través de la obra social o prepaga con un descuento menor
- ☐ En la farmacia sin receta
- ☐ En un centro de salud
- ☐ En el hospital
- ☐ En consultorio privado
- ☐ En kioscos
- ☐ Otros

46. ¿Qué requisitos te solicitó el profesional de la salud antes de indicarte el método?

- ☐ Ser mayor de edad (mayor de 18 años)
- ☐ Si eras menor de edad, estar acompañado por madre-padre o tutor
- ☐ Haber iniciado relaciones sexuales hace más de un año
- ☐ Tener DNI
- ☐ Ir con tu pareja
- ☐ Haberte realizado el Test de Papanicolaou en el último año
- ☐ Hacerte otros estudios como análisis de sangre, ecografías, etc
- ☐ Ninguna de las anteriores
- ☐ No me lo indicó un profesional de la salud
- ☐ Otro _____

47. ¿Con qué frecuencia vos o la persona con la que mantuviste relaciones sexuales utilizaron métodos anticonceptivos en los últimos 12 meses?

- ☐ Siempre
- ☐ Casi Siempre
- ☐ Algunas veces

- ☐ Casi nunca
- ☐ Nunca

48. ¿Alguna vez tuviste que usar vos o la persona con la que mantuviste relaciones sexuales Anticoncepción de Emergencia o pastilla del día después?

- ☐ Si
- ☐ No (*pasar directamente a PARTE D*)

49. En caso de que sí ¿Cuántas veces la has usado en los últimos 12 meses?

- ☐ Nunca
- ☐ 1 vez
- ☐ Entre 2 y 5 veces
- ☐ Más de 5 veces

50. ¿Por qué tuviste que usar Anticoncepción de Emergencia, vos o la persona con la que mantuviste relaciones sexuales? [MARCAR TODO LO QUE CORRESPONDA]

- ☐ Falló el método anticonceptivo que estabas usando (rotura de preservativo, olvido de la toma de una pastilla, etc)
- ☐ No usaste ningún método
- ☐ Fue una relación no consentida
- ☐ Dudabas sobre la seguridad del método que estabas utilizando
- ☐ Otro _____

51. ¿Dónde obtuviste la Anticoncepción de Emergencia? [MARCAR TODO LO QUE CORRESPONDA]

- ☐ Te la entregaron gratuitamente en un hospital
- ☐ Te la entregaron gratuitamente en un centro de salud

- ☐ La compraste en la farmacia, con receta
- ☐ La compraste en la farmacia, sin receta
- ☐ La tenías en tu casa
- ☐ Te la dio un amigo/a
- ☐ Otro _____

PARTE D. (Salud Sexual y Sistema de Salud)

Las preguntas de esta sección se refieren a tu experiencia con los servicios de salud, particularmente de salud sexual y reproductiva.

Recuerda que la encuesta es anónima, y que si hay alguna pregunta que te resulta incómoda, no estas obligado/a a responder. Igualmente, te pedimos que no abandones el resto del cuestionario.

52. En los últimos 2 años, ¿realizaste alguna consulta por temas relacionados con tu salud sexual?

- ☐ Si
- ☐ No (*pasar a la pregunta 55*)

53. ¿Cuál fue el motivo de esa consulta? [MARCAR TODO LO QUE CORRESPONDA]

- ☐ Métodos anticonceptivos
- ☐ Prevención de infecciones de transmisión sexual
- ☐ Reproducción
- ☐ Problemas en las relaciones sexuales
- ☐ Violencia y/o abuso sexual
- ☐ Control periódico
- ☐ Otro _____

54. ¿A dónde concurriste para realizar esa consulta?

- ☐ A un hospital público
- ☐ A un centro de salud o salita
- ☐ Consultorio médico de una escuela
- ☐ A un sanatorio o clínica privada
- ☐ A un consultorio privado (médico/a de la obra social o prepaga)
- ☐ No recuerdo
- ☐ Otro _____

55. ¿Alguna vez te hiciste un Test de VIH?

- ☐ Si
- ☐ No (*Pasar a la pregunta 60*)

56. ¿Cuántas veces te hiciste un Test de VIH?

- ☐ 1 vez
- ☐ Entre 2 y 5 veces
- ☐ Más de 5 veces

57. ¿Cuánto hace que te hiciste la prueba del VIH por última vez?

- ☐ Hace menos de 12 meses
- ☐ Entre uno y dos años
- ☐ Entre dos y cinco años
- ☐ Hace cinco años o más

58. ¿Por qué te hiciste esta última prueba de VIH?

- ☐ Estaba embarazada (vos o tu pareja sexual)
- ☐ Había tenido relaciones sexuales con una pareja que no conocía y no usé preservativo
- ☐ Me lo indicó el médico
- ☐ Se rompió el preservativo durante una relación sexual
- ☐ Tuve un accidente laboral
- ☐ Me lo pidió mi pareja sexual
- ☐ En un control de rutina
- ☐ Quiero dejar de usar preservativo con mi pareja
- ☐ Doné sangre
- ☐ Tuve una conducta de riesgo asociada al uso de jeringas
- ☐ Por iniciativa propia
- ☐ Otro motivo _____

59. ¿Llegaste a saber los resultados de esta última prueba del VIH?

- ☐ Si
- ☐ No

60. ¿Te ha diagnosticado algún médico a lo largo de tu vida alguna de las siguientes infecciones? (MARCAR TODO LO QUE CORRESPONDA)

- ☐ Infección por clamidia
- ☐ Gonorrea
- ☐ Sífilis
- ☐ Tricomonas
- ☐ Herpes genital
- ☐ Ulceras genitales o condiloma
- ☐ Hepatitis B
- ☐ Uretritis no específica
- ☐ VIH
- ☐ Otras infecciones: _____
- ☐ No me han diagnosticado ninguna de las anteriores

PARTE E. (Opiniones y vivencias)

Recuerda que la encuesta es anónima, y que si hay alguna pregunta que te resulta incómoda, no estas obligado/a a responder. Igualmente, te pedimos que no abandones el resto del cuestionario.

61. Existen opiniones distintas acerca de los preservativos. Por favor, indique en qué medida estás de acuerdo con cada una de las siguientes afirmaciones respecto al uso de preservativos

	1	2	3	4	5
Son complicados de usar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crean desconfianza entre la pareja.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A las mujeres les corta el deseo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A los hombres les corta el deseo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impiden sentir verdaderamente el cuerpo del otro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permiten disfrutar más por la seguridad que dan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son seguros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1- Totalmente de acuerdo
 2- Bastante de acuerdo
 3- Algo de acuerdo
 4- Nada de acuerdo
 5- No lo se

62. ¿Conoces a una mujer que haya decidido interrumpir su embarazo?

- ☐ Si
☐ No
☐ No estoy seguro/a

63. ¿Crees que la interrupción voluntaria del embarazo debería ser legal?

- ☐ Si, siempre (pasar a pregunta 65)
☐ Si, pero sólo en algunos casos
☐ No, nunca (pasar a pregunta 65)
☐ No sé

64. En qué casos considerarás que debería estar permitido? [MARCAR TODAS LAS OPCIONES QUE CORRESPONDAN]

- ☐ Cuando el embarazo es producto de una violación
☐ Cuando el feto tiene malformaciones incompatibles con la vida extrauterina
☐ Cuando el feto tiene malformaciones de cualquier tipo
☐ Cuando la vida de la mujer embarazada corre riesgo si no se interrumpe el embarazo
☐ Cuando la continuación del embarazo representa un riesgo para la salud mental de la mujer
☐ Cuando la mujer embarazada tiene alguna enfermedad que pueda empeorar con el embarazo
☐ Cuando una mujer con retraso mental queda embarazada debido a una violación
☐ Cuando la mujer embarazada y su familia carecen de recursos económicos para criar a un hijo/a
☐ Si la mujer quedó embarazada porque falló el método anticonceptivo
☐ Si la mujer, por el motivo que sea, desea interrumpir el embarazo, sin importar la edad gestacional
☐ Si la mujer, por el motivo que sea, desea interrumpir el embarazo antes de la semana 12 de gestación
☐ Ninguna de las anteriores
☐ No sé

65. ¿Conocés a alguien que haya sido víctima de un abuso sexual?

(A los fines de esta encuesta, entenderemos como abuso sexual todo acto sexual, la tentativa de consumir un acto sexual, los comentarios o insinuaciones sexuales no deseados, o las acciones para comercializar o utilizar de cualquier otro modo la sexualidad de una persona, mediante coacción por otra persona, independientemente de la relación de esta persona con la víctima, en cualquier ámbito, incluidos el hogar y el lugar de trabajo)

- ☐ Si
☐ No

66. ¿Vos has sufrido alguna vez abuso sexual?

- ☐ Si
☐ No
☐ No estoy seguro/a

67. ¿Qué opinas de las relaciones de pareja entre personas del mismo sexo?

	1	2	3	4	5
Tienen derecho igual que el resto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las respeto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No las considero aceptables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Me incomoda que manifiesten su afecto en público.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1- Totalmente de acuerdo
2- Bastante de acuerdo
3- Algo de acuerdo
4- Nada de acuerdo
5- No lo sé

Fin del cuestionario

Las preguntas que hacemos a continuación, PERMITIRÁN PLANIFICAR ACTIVIDADES DE EXTENSIÓN UNIVERSITARIA QUE RESPONDAN A LOS INTERESES DE LOS/AS ESTUDIANTES

1. ¿Alguna vez has asistido a un taller o una charla sobre sexualidad?

- ☐ Si
☐ No

2. ¿Te interesaría asistir a un taller o una charla sobre sexualidad?

- ☐ Si
☐ No

3. ¿Sobre qué temas? [MARCAR TODO LO QUE CORRESPONDA]

- ☐ Métodos anticonceptivos
☐ Relación de pareja
☐ Procreación
☐ Erotismo
☐ Interrupción del embarazo
☐ Preferencia sexual
☐ Otro _____

¿Hay algún tema que no preguntamos y del cual te gustaría hacer algún comentario?

Te agradecemos mucho que hayas completado esta encuesta!